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THE IMPLEMENTATION OF THE HUMAN RIGHTS OF WOMEN

TRADITIONAL PRACTICES AFFECTING THE HEALTH OF WOMEN AND CHILDREN

Follow-up report of the Special Rapporteur on traditional practices affecting the health of women and children, Mrs. Halima Embarek Warzazi

Addendum

Information received concerning the implementation of the Plan of Action for the Elimination of Harmful Practices affecting the Health of Women and Children

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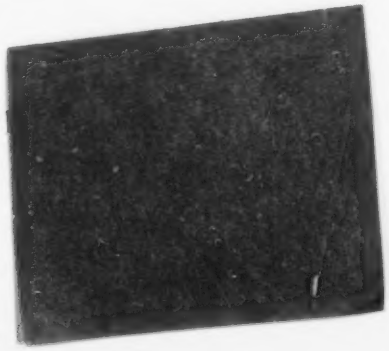

Philippines

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1. Many Filipino traditional health practices are influenced by factors such as superstitious beliefs, religious beliefs, ignorance in the rural areas of the advantages of hygiene, sanitation and good environment, and poverty. It is generally observed that most of them relate to birthing practices.

2. Some of the traditional health practices based on superstitious beliefs are the covering of the navel of the newborn baby with sand for the purpose of quick healing and the burying of the placenta and umbilical cord of a newborn baby together with a pencil and paper in the belief that the act will make the baby intelligent. Other practices are the use of indigenous objects like the "buho" or bamboo in cutting the umbilical cord of a newborn baby instead of unnatural objects, like scissors, the use of which, it is believed, will influence the child to be disloyal to the family and the hanging of dried umbilical cord "pusod" of a newborn baby beneath the doorway or window in the belief that this will keep the infant safe from accident or harm.

3. In spite of the modernization of health practices and methodologies, there are Filipinos, particularly those belonging to the ethnic group, who continue to dwell on their cultural beliefs. Thus, the Government, aware of the need to uplift the lifestyle of the indigenous cultural communities and at the same time preserve their culture, created the Office of the Northern Cultural Communities, the Office of the Southern Cultural Communities and the Office of the Muslim Affairs in order to promote and protect their rights to health.

4. These offices have admitted that some traditional practices are harmless and are still applicable in the promotion of the indigenous people's health. Nonetheless, these offices, in collaboration with the Department of Health and in coordination with the local government units have introduced and implemented several health programmes and services.

5. These health programmes, though their objective is not to eliminate traditional practices having a harmless effect on the health of women and children, have led to a big improvement in the manner of looking at women's and children's health as compared with the traditional and limited focus on maternal health alone, since they meet the needs of women at all stages of their life cycle and do not simply focus on maternal health, as has been the case in the past.

6. Owing to the adoption of the World Declaration and Plan of Action for the Survival, Protection and Development of Children in the 1990s (New York, 30 September 1990) the Philippines responded quickly to the challenge of the World Summit by preparing the Philippine Plan of Action for Children (PPAC) 2000 and Beyond. PPAC takes a holistic approach to children's needs. Adopting the World Summit goals, it aims to:

(a) Reduce the number of infants, children and mothers who die each year;

(b) Reduce malnutrition among children;

(c) Provide safe water and toilet facilities to all.

7. PPAC targets were incorporated in the Medium-Term Philippine Development Plan 1993-1998, recognizing that development cannot take place if the needs of children are ignored. PPAC areas of concern are, among others: family care and alternative parental arrangements; basic health and nutrition; welfare and social security; and safe environment.

8. In line with the PPAC goals, the Government directed its lead agencies, with the Council for the Welfare of Children (CWC), as the agency responsible for the formulation of the Plan of Action for Children Monitoring System (PACMS), to assess the implementation of the programmes spelled out in the Plan of Action.

9. The Department of Health (DOH) is responsible for providing assistance to children necessary for their survival and normal development, in addition to other benefits provided for under existing laws. The promotion and maintenance of the child's health through strengthened safe motherhood; breastfeeding, and improved weaning; universal immunization; control of diarrhoeal diseases and respiratory infections; and other existing public health programmes.

10. DOH has to make organizational changes to provide for an effective women's health programme through an integral package of women's health education and services. The Office for Special Concern was created to oversee related programmes and services addressing the needs of women and children. This office is now called the Programme Cluster for Women and Children and is now with the Office for Public Health Services. It closely coordinates all programmes and projects relating to women's health and aims to institutionalize the integrated approach to women's health service delivery. The Department of Health is the lead agency in the family planning programme, giving the department two functions: that of major implementing agency and of a coordinating agency for all activities on family planning service delivery. However, with the enactment of the Local Government Code, most health services including the Family Planning Service had to be devolved to local government units.

11. The DOH Ten Year Investment Plan (1996-2006) entitled, "Investing in equity in health" embodies the overall goals and strategies for the health sector. Among the six public investment packages is the Women's Health and Safe Motherhood Package estimated to cost about 8.1 billion pesos. It aims to address the basic health needs of women especially at critical periods of their life cycle. Active networking with NGOs on health has contributed a lot to the successful development of these health programmes.

Division for the Advancement for Women

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12. While the Division has not been monitoring the Plan of Action for the Elimination of Harmful Traditional Practices affecting the Health of Women and Children per se, issues addressed in the Plan constitute a significant part of the Division's work.

13. The work of the Commission on the Status of Women includes review of the implementation of the Beijing Platform for Action, which addresses 12 critical areas of concern. A number of these critical areas of concern raise issues which are relevant in the consideration of traditional practices affecting the health of women and children. It is expected that the topic of harmful traditional practices affecting the health of women and children will be raised during the 1998 session of the Commission on the Status of Women in the review of at least some of these areas. It is also expected that during the 1999 session harmful traditional practices will be a focus in the review of the critical area "Women and health".

14. The Platform for Action defines violence against women as including "Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation" (para. 113). Paragraph 115 goes on to define female infanticide and prenatal selection as acts of violence against women. How certain traditional or customary practices may have harmful effects on women and the girl child is extensively discussed in paragraph 118, and paragraph 124 urges Governments to "condemn violence against women and refrain from invoking any custom, tradition or religious consideration to avoid their obligations with respect to its elimination as set out in the Declaration on the Elimination of Violence against Women". In the same paragraph, Governments are requested to take legal measures to eliminate "practices and acts of violence against women, such as female genital mutilation, female infanticide, prenatal sex selection and dowry-related violence".

15. In the area of the human rights of women, the Platform states that "any harmful aspect of certain traditional, customary or modern practices that violates the rights of women should be prohibited and eliminated" (para. 224). This paragraph also defines violence against women resulting from cultural prejudice as a human rights violation.

16. The section on the girl-child (paras. 259-285) also addresses traditional practices affecting the health of women and children. The Platform for Action suggests that the reasons men outnumber women in some areas of the world include harmful attitudes and practices, such as female genital mutilation, son preference, early and child marriage and discrimination against girls in the allocation of food (para. 259). Further, it proposes actions to be taken by Governments in order to eliminate negative cultural attitudes and practices against girls (para. 276).

17. In its section on women and health the Platform for Action (paras. 89-111) reiterates the view that women have the right, on a basis of equality with men, to enjoy the highest attainable standard of physical and mental health throughout their whole life cycle (paras. 89 and 92). The Platform also acknowledges the basic human right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children (paras. 94-95).

18. Governments have the primary responsibility for implementing the Platform for Action and are requested, in paragraph 297 of the Platform, to develop implementation strategies for the Platform by the end of 1995 and to develop national plans of action by the end of 1996. As of May 1997, the Division had received national plans of action/national strategies/ implementation progress reports from 35 countries.

19. Health is a priority issue in almost all of these national plans of action and women's access to health care, often including reproductive health technology, throughout their life cycle, is regarded as imperative. National plans of action devote consideration to the prevailing social attitudes that discriminate against women. Increasing gender sensitivity through the use of mass media, school curricula, public campaigns and gender training in the work place, in coordination with non-governmental organizations, features in many national plans of action. Violence against women is condemned and countries have set up legal measures to eliminate such violence. It is also hoped that such violence will be eliminated by raising awareness and eliminating gender stereotyping. Some plans address harmful traditional practices that affect the health of women and the girl child, but the majority of the plans make no reference to the issue.

20. Amongst those plans that refer to the issue is draft national plan of action of Botswana, which includes a section on the elimination of discrimination against girls in health and nutrition. The Government and international and non-governmental organizations are to take "all the appropriate measures with a view to abolishing traditional practices prejudicial to the health of children".

21. The Russian Federation recognizes a need to conduct an information and education campaign designed to change traditional stereotypes based on the supremacy of one sex over the other in order to eliminate violence against women.

22. Denmark reports in its statement on follow-up to the Beijing Conference that it has examined the need to amend the Danish regulations governing asylum in order to make it easier to grant asylum and residence permits to persons who rely on gender specific reasons, such as bride burning, female genital mutilation, forced sterilization or forced marriages, when applying for asylum. The Government of Denmark has decided to set up a working group with the aim of launching an extensive educational campaign against female genital mutilation.

23. China commits itself to examine the situation of, and take appropriate measures against, "such criminal acts as infanticide". China also forbids prenatal selection for medical purposes.

24. Israel recognizes that its country's traditional attitude of not taking equal interest in women's health and men's health may have resulted in the poorer health of women of Israel. It also recognizes that traditional religious structures have a significant influence on the development of social norms and attitudes with regard to gender equality and family relations.

25. Canada's Criminal Code prohibits female genital mutilation and also precludes removal of a child from Canada for the purposes of female genital mutilation. The Government of Canada recognizes that the issue is a complex and highly sensitive one which requires a comprehensive approach.

26. The Committee on the Elimination of Discrimination against Women is the treaty body established under the Convention on the Elimination of All Forms of Discrimination against Women. The Beijing Platform for Action (para. 124) urges States parties to the Convention, which now number 160, to include information pertaining to violence against women and measures taken to implement the Declaration on the Elimination of Violence against Women in their reports required under article 18 of the Convention.

27. When examining reports submitted by States parties, the Committee pays particular attention to the measures taken by Governments to eliminate prejudices and customary practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women. The Committee critically questions State parties with regard to measures to eliminate discrimination against women in all fields, including health care, in order to determine whether women and men enjoy all human rights on a basis of equality.

28. Although information contained in States parties reports with regard to traditional practices affecting the health of women and girls is frequently very limited, the Committee makes recommendations for action to eliminate them where States parties appear to have such practices.

29. A number of the concluding comments formulated by the Committee after the consideration of individual reports refer to traditional practices. These include the concluding comments with regard to the second periodic report of Senegal (fourteenth session, A/49/38), where the Committee noted that one of its principal subjects of concern with regard to implementation of the Convention in Senegal was the persistence of certain discriminatory practices, including female circumcision and polygamy, practices which gravely offended the dignity of women. The Committee encouraged Senegal to step up its public information campaigns on behalf of women and to expand its programmes to combat traditional practices which affect women's health and advancement in order to eliminate persistent forms of discrimination against women.

30. Again, in its concluding comments with regard to the initial and second periodic reports of Uganda (A/50/38, fourteenth session) the Committee expressed serious concern about the continuing practice of genital mutilation in one area of Uganda. In its concluding comments concerning the combined initial, second and third periodic reports of Ethiopia (A/51/38, fifteenth

session), the Committee expressed great concern with respect to the widespread practice of female genital mutilation, as well as the incidence of violence against women and girls and the insufficiency of measures to eradicate it. It recommended the urgent introduction of awareness programmes and legal measures to abolish the practice of female genital mutilation and all other such practices that discriminate against women and suggested that those who perform female genital mutilation should be helped to find other sources of income.

31. The Committee has requested that it be provided with the preliminary reports submitted by the Special Rapporteur on traditional practices affecting the health of women and children and is thus aware of the Plan of Action for the Elimination of Harmful Traditional Practices affecting the Health of Women and Children. It has not, however, specifically sought to monitor the Plan of Action.

32. The Committee will continue to receive information relating to traditional practices, particularly in the light of its revised guidelines for reports which require States parties, in preparing their initial and subsequent reports under the articles of the Convention or in supplementary oral and/or written materials supplied in connection with reports already submitted, to take account of the 12 critical areas of concern in the Beijing Platform for Action. Its review of States parties' reports has led the Committee to elaborate three general recommendations which touch on traditional practices harmful to the health of women and girls. General Recommendation No. 14, concluded at its ninth session in 1990, refers directly to female circumcision and recognizes this practice as a cause of serious health and other consequences for women and children. It recommends that States parties take all necessary action to eradicate practices that are prejudicial to the health and well-being of women and children.

33. General Recommendation No. 19, concluded at the Committee's eleventh session in 1992, addresses violence against women. It notes that traditional attitudes of women's inferiority to men and stereotypical roles perpetuate widespread practices involving violence or coercion, such as family violence and abuse, forced marriage, dowry death, acid attacks and female circumcision. It recognizes that traditional practices in some countries, perpetuated by culture and tradition, may be harmful to the health of women and children. These practices include dietary restrictions for pregnant women, preference for male children and female circumcision or genital mutilation.

34. General Recommendations No. 3 and No. 21 also touch upon cultural and societal attitudes which may result in violence against women. General Recommendation No. 3 (concluded in 1987 at the sixth session) urges all States parties to adopt education and public information programmes that help eliminate prejudices and current practices that hinder the full operation of the principle of the social equality of women and men. General Recommendation No. 21, concluded at the thirteenth session in 1994, addresses equality in marriage and family relations. It touches on early marriage and recognizes that when minors, particularly girls, have children, their health can be adversely affected. Forced pregnancies, abortions and sterilization are also recognized as having serious consequences for women.

35. The implementation of the Committee's general recommendations is monitored via the reporting process under the Convention and it has been pleasing to observe that most States parties which have prepared reports since General Recommendation No. 19 was issued have incorporated the relevant information in them. In this regard, States parties have reported on the introduction of legislation, as well as other measures, such as media and education strategies that have been introduced to address such violence.

36. The Division for the Advancement of Women considers the Plan of Action to be an important contribution to the eradication of harmful traditional practices, but suggests that it might be useful to revise it so as to incorporate reference to the Beijing Platform for Action and the national action plans referred to in the Platform. As the Commission on the Status of Women is likely to consider the question of harmful traditional practices in its review of the critical areas of concern identified in the Platform and in particular in its review of violence against women, women and armed conflict, human rights of women and the girl child at its forty-second session in 1998, and women and health in 1999, reference to the Commission might be made in the Plan. The Division suggests that the Plan urge the Committee on the Elimination of Discrimination against Women to take account of the implementation of the Plan in its review of the reports of States parties.